

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No

A 51067

30-2E-11R

(1) OWNER Name Baby Island Heights Assn Address P.O. Box 781 Langley Wa. 98260

(2) LOCATION OF WELL County Island SE 1/4 SE 1/4 Sec 11 T 30 N R 02E WM

(2a) STREET ADDRESS OF WELL (or nearest address) 3200 S Baby Isl. Rd. Langley

(3) PROPOSED USE ☐ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK Owner's number of well (if more than one) 2

Abandoned ☒ New well ☐ Method ☐ Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS Diameter of well _____ inches
Drilled _____ feet Depth of completed well _____ ft

(6) CONSTRUCTION DETAILS

Casing installed _____ " Diam from _____ ft to _____ ft
Welded ☐ _____ " Diam from _____ ft to _____ ft
Liner installed ☐
Threaded ☐ _____ " Diam from _____ ft to _____ ft

Perforations Yes ☐ No ☐

Type of perforator used _____
SIZE of perforations _____ in by _____ in
_____ perforations from _____ ft to _____ ft
_____ perforations from _____ ft to _____ ft
_____ perforations from _____ ft to _____ ft

Screens Yes ☐ No ☐

Manufacturer's Name _____
Type _____ Model No _____
Diam _____ Slot size _____ from _____ ft to _____ ft
Diam _____ Slot size _____ from _____ ft to _____ ft

Gravel packed Yes ☐ No ☐ Size of gravel _____
Gravel placed from _____ ft to _____ ft

Surface seal Yes ☐ No ☐ To what depth? _____ ft
Material used in seal _____
Did any strata contain unusable water? Yes ☐ No ☐
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP Manufacturer's Name _____
Type _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation _____ ft
above mean sea level
Static level _____ ft below top of well Date _____
Artesian pressure _____ lbs per square inch Date _____
Artesian water is controlled by _____ (Cap valve etc.)

(9) WELL TESTS Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☐ If yes, by whom? _____
Yield _____ gal / min with _____ ft drawdown after _____ hrs

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test _____

Bailer test _____ gal / min with _____ ft drawdown after _____ hrs

Air test _____ gal / min with stem set at _____ ft for _____ hrs

Artesian flow _____ g p m Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation Describe by color character size of material and structure and show thickness of aquifers and the kind and nature of the material in each stratum penetrated with at least one entry for each change of information

MATERIAL	FROM	TO
6" Well		
252' Deep		
186'-2" STATIC		
Abandoned Well		
Concrete Slurry		
Casing is 2' below ground level		

WAC 173-160-381 (2)(a)
RECEIVED (b) 2'

DEC 21 2000

DEPT OF ECOLOGY

Work started 12-11-2000 19 Completed 12-11-2000 19

WELL CONSTRUCTOR CERTIFICATION.

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME B + W Pump Co.
(PERSON FIRM OR CORPORATION) (TYPE OR PRINT)

Address P.O. Box 55 Fredland, Wa. 98249

(Signed) [Signature] License No 0263
(WELL DRILLER)

Contractor's
Register No BWPumc 15245 Date 12-11-2000

(USE ADDITIONAL SHEETS IF NECESSARY)